



3764

PATENT
Attorney Docket No. BSC-199
(1002/275)

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TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Bluni et al.
SERIAL NO.: 10/014,678 GROUP NO.: 3764
FILING DATE: December 11, 2001 EXAMINER: Not Yet Assigned
TITLE: URETERAL STENTS AND RELATED METHODS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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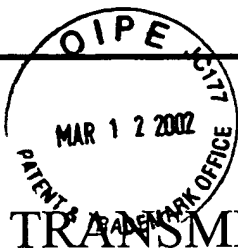

Tabitha Crosier

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Supplemental Information Disclosure Statement (2 pages);
3. Supplemental Form PTO-1449 (3 pages);
4. Copies of IDS citations A31-A61 and C1-C15;
5. Associate Power of Attorney (2 pages); and
6. Return receipt postcard.



TRANSMITTAL FORM

Application Serial Number	10/014,678
Filing Date	December 11, 2001
First Named Inventor	Bluni
Group Art Unit	3764
Examiner Name	Not Yet Assigned
Attorney Docket No.	BSC-199
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

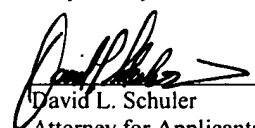
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Supplemental Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	<input checked="" type="checkbox"/> Associate Power of Attorney	<input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
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	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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